

Fee Transmittal for State of Michigan Local Corrections Officer Training Fund

Issued under authority of P.A. 124 of 2003.

County Name and Address		Report Period <input type="checkbox"/> Jan / Feb / Mar - Due May 1 <input type="checkbox"/> Apr / May / Jun - Due August 1 <input type="checkbox"/> Jul / Aug / Sep - Due November 1 <input type="checkbox"/> Oct / Nov / Dec - Due February 1
Total Number of Bookings for the Report Period.....		
Total Booking Fees Collected for the Report Period.....		\$
Total Number of Refunds Issued for the Report Period.....		
Total Incarceration Fees Refunded for the Report Period.....		\$
Total Collection Amount Due the State of Michigan.....		\$
<i>I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes.</i>		
_____ Signature of Preparer		_____ Date
Print Name of Preparer	Title of Preparer	Phone Number of Preparer

Mail this original transmittal form and a check made payable to "State of Michigan" in the amount due to:

Michigan Department of Treasury - Receipts Processing
Lansing, MI 48922

If you have any questions, please contact the Sheriffs Coordinating and Training Council at (517) 485-3135.